Department of the Treasury Internal Revenue Service

Deduction from, or Exclusion of, Income Earned Abroad

➤ See separate instructions.
For the year January 1-December 31, 1981, or other tax year

beginning

......, 1981, ending, 19.....

OMB No. 1545-0067

35

	Th	is Form Is To	Be Used Only	by Un	ited States Cit	izens	and Resi	dent Alier	15		
Name of taxpaye	er							S	ocial sec	urity num	ıber
Foreign address	(including Cour	ntry)						Y	our occu	pation	
Name of em	ployer >										
Employer's	U.S. 🕨										
address F	oreign 🕨										
Employer is (cl any that apply	neck (L	foreign entity foreign affiliat	☐ A U.S. e of a U.S. con	•	ny 🔲 A qualific		ritable org ther (spe				
Give the latest year	ar for which you	filed a U.S. incom	e tax return 🕨		S	Service C	enter where	filed 🕨			
					d abroad on Form						
Check the state or exclusion o	us under whic of, income ea	h you claim de rned from se	eduction from, rvices abroad		Bona fide resider Physical presence			Are you a		Yes [□ No
	ure to submit	required info	rmation may re	esult in	item does not a	the cl	aimed de	S NOT AP	PLY." Fa	ail- on.	
	<u>.</u>				lly (See Instru						
1 List the cou	intries where	you have lived	and the dates	of resid	ence during you	r 1980	and 1981	tax years		•••••	
2 Kind of living	quarters in forei	gn country >	Purchased house	Re	e residence bega inted house or apar	ın (datı tment	e) □□ Rented	room 🗀 (Juarters f	te)	w employer
3 Did any of	your family liv	ve with you ab	road during any	v part o	f the tax year?.				24411613 1	UIIIISIIEU D	iy employen No
										□ .03	
					eign country you						
you are	e not a reside	ent of that cou	intry?							☐ Yes	. □ No
(b) Are you	required to	pay income tax	to the country	you cla	aim bona fide re	sidence	e in?			☐ Yes	
If you i	made a staten ou are not su	nent to the aut biect to its inc	horities of the forme tax. you do	oreign c not au	ountry that you alify for this stat	are not	t a resider	t, and the	country		
5 Complete t	he following f	or days preser	nt in the U.S. or	its pos	sessions during	the tax	year:	.ioii 9(c).)			•
Date arrived in U.S.	Date departed from U.S.	Number of days in U.S. on business	Amount earned in business (Attach st showing computat	atement	Date arrived in U.S.	de	Date eparted om U.S.	Number of days in U.S on business	. busi	ount earned iness (Attach owing compu	statement
Do not include th	nis income in Pa	rt III. Report on I	orm 1040.		1	<u> </u>			<u> </u>		
6 (a) State a	ny contractua	I terms or other	er conditions re	lating to	the length of y	our em	ployment	abroad	••••••		
(h) Stata ti	ho tune of vie	a vou entered	the foreign cou	ntn/ un/	der						
(c) Did you	ur visa contain	n any limitation	ns as to the len	gth of y	our stay or emp	oloyme	nt in a for	eign count	rv?	☐ Yes	□ No
	," attach expla			•					.,		□
(d) Did you	ı maintain a h	ome in the U.	S. while residing	g abroad	i?					☐ Yes	☐ No
If "Yes,	,'' show addre	ss of your hom	ie, whether it wa	as rente	d, and the name	s and	relationsh	ips of the c	ccupan	ts	
Part II T	o Be Compl	eted for Phys	sical Presence	Only	(See Instruction	on 10))				
	nth period tha	t the test of p	hysical presenc	e in for	eign countries is	s based	on is fro	ım	thr	ough	
8 Enter your	principal coun	try of employ	nent during you	ır tax y	ear >						·
9 Enter all tra	vel abroad du	ring the 18-mo	onth period that	the tes	t is based on.	except	travel bet	ween forei	gn coun	tries tha	t did not
number of f	full davs to th	e end of 18-mo	onth period. If v	ou have	r more. If the la e no travel to rep ing the entire 18	ort du	ring the p	rival in a f eriod, write	oreign of in the s	country, eschedule	enter the that you
Name of c (Including		Date	arrived		Date departed		Full days present in country	Number of days in U.S. on business	busine	nt earned in ss (Attach s ving computa	tatement
		i		1							
				l				<u></u>	l		
tto not include th	ue income in Da	er III. Danaet an E	orm 10/0								

Forr	m 2555 (1981)		Page 2
P	art III To Be Completed by All Taxpayers		
10	Enter on lines 11 through 18 all income, including noncash income, from sources outside earned during 1981. (See Instructions 7, 11(b), 11(c), and 11(d).) Is part of the income (su services performed in 1981, but received in another tax year?	uch as bonuses) for	•
	Report all income received during 1981 on your Form 1040 regardless of when the services all or part of your income in foreign currency, translate its exchange value into terms of at the time you actually or constructively received the income. Do not report income shown in this schedule.	U.S. dollars at the	rates prevailing
	Earned Income for Personal Services Rendered in Foreign Countries During 1981	Exchange rates used	Amount (In U.S. dollars)
12	Total wages, salaries, bonuses, commissions, etc., earned this year		
	(a) In a business (including farming) or profession (attach Schedule C or F (Form 1040)). (b) In a partnership (give name, address, and nature of income)		
14	Noncash remuneration (market value of property or facilities furnished by employer—attach statement showing how determined):		
	(a) Home (lodging)	-	
15	Other foreign earned income (specify)		
	Allowances, reimbursements, or expenses paid on your behalf for services rendered this year: (a) Cost of living		
	 (h) Total allowances, reimbursements, etc. Add lines 16(a) through line 16(g) Total earned income from foreign sources (add lines 11 through 15 and line 16(h)) (a) Value of meals and lodging included in income above which are excludable. (See instruct (b) Earned income from foreign sources (Subtract line 18(a) from line 17. Enter here line 42(a))	cion 11(c))	
	Did you maintain a separate foreign residence for your family due to adverse living conditions If "Yes," give city and country of the separate foreign residence. Also show number of day year that you maintained a second household at that address	at your tax home?	
	List your tax home(s) during your tax year. Did you change your tax home at any time during your tax year?		Yes No
21	income for qualified charitable services in a lesser developed country?	ncome for qualified	☐ Yes ☐ No

	To Po Completed by Toy	navara Clai	ming the Doduction for Excess Foreign	a Living Evnance	1 age 3
L	art IV To Be Completed by Tax	 	ming the Deduction for Excess Foreign	Living Expense	<u>'S</u>
			chool Expense (See Instruction 13)		
22	Complete the following for each depen	dent child for	whom you claim a school expense deduction	n:	·
	Name of dependent child	Age	Address (including country) of school	attended	School ex- penses claimed
	•				
<u>23</u>			n lines 31(b) and 36		
_	Qualifie	d Home Leav	e Transportation Expense (See Instruction :	14)	,
24		ou are claimi	ng a deduction. Count each trip by you, your	spouse, and your	
	dependents as a separate trip	· · · · · · · · · · · · · · · · · · ·	expense for all trips; also enter on lines 31(c) and 37 >	<u></u>
			Iship Area Amount (See Instruction 15)		Summunion.
25	Name of hardship area	Date tax h	ome was established ended		
26	Maximum amount				\$ 5,000.00
	Number of days that you qualified dur				
28	Percentage applicable (divide the num	ber of days o	n line 27 by 365)		
<u>29</u>	Allowable amount (multiply the amount on lin		ent on line 28). Also enter on lines 31(d) and 38.	<u> ▶</u>	\$
			ousing Expenses (See Instruction 17)		
30			nome during the year. (If you maintained a	qualified second	
	household, see Instruction 18 for ad	ditional infor	mation)		
31	Figure your base housing amount as				
	(a) Housing income from all sources	(see Instruc	tion 17)		
	(b) Qualified school expenses (from	line 23) .			
	(c) Qualified home leave transportati	on expenses	(from line 24)		
	(d) Qualified hardship area amount (from line 29)			
	(e) Qualified cost-of-living differential	(from tables	-see Instruction 16)		
	(f) Housing expenses from line 30				
	(g) Total expenses (add lines 31(b)	through 31(f))		
	(h) Subtract line 31(g) from line 31(a)			
	(i) Base housing amount: Enter 20%	$(\frac{1}{5})$ of line 3	31(h)		
32	Subtract line 31(i) from line 30. If less	than zero, er	nter zero		
33	If you maintained a qualified second	household,	enter housing income as modified by In-		
	struction 18(b)(i). Otherwise, omit lin	e 33 and ent	er zero on line 34(e)		
34	Amount from line 31(g)	. .			
	(a) Housing expenses for qualified s	econd house	hold		
	(b) Add line 34 and line 34(a)				
	(c) Subtract line 34(b) from line 33.				
	(d) Base housing amount for second	household; er	nter 20% (1/5) of line 34(c)		
	(e) Subtract line 34(d) from line 34(a)			
35	35 Total qualified housing expenses. If you maintained a qualified second household and your tax home was in a				
hardship area, enter total of amounts on lines 30 and 34(e). Otherwise, enter the total of lines 32 and 34(e).					
	Also enter on line 40	· · · ·	<u> </u>	<u> ▶</u>	
		Summary	of Excess Foreign Living Expenses		
36	Qualified school expenses from line	23			
37	Qualified home leave transportation e	xpenses from	line 24		
38	Qualified hardship area amount from	line 29			
39	Qualified cost-of-living differential from	n line 31(e) .			
40	Qualified housing expenses from lin	e 35			
	- ·				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Limitation:				
		rces (from Pa	ırt III, line 18(b))		
	-		sources (see Instruction 12(b))		
			tract line 42(b) from line 42(a)). If less		
	than zero, enter zero				
43	•		the amount from line 41 or 42(c), whicheve	r is smaller. Also	
			it as "Expense from Form 2555"		

Part V

To Be Completed by Taxpayers Claiming the Exclusion of Income Earned in a Hardship Area Camp OR the Exclusion of Income Received for Qualified Charitable Services in a Lesser Developed Country (See Instruction 19)

a charitable services exclusion	complete the following for days you resided in a hardship area or for days you qualified for charitable services exclusion during the tax year. Complete column (d) or (e) whichever applies. If both apply, days included in column (d) may not also be included in column (e).					
(a) Name of hardship area or lesser developed country	(b) Date arrived	(c) Date departed	resided in the area while it was a hardship area	(e) Full days that fall within the period qualifying for a charitable services exclusion		
•••••						
***************************************				***************************************		
				*		
•						

45 (a) Total number of qualifying	days in all hardship areas .					
(b) Total number of qualifying	charitable service days					
(c) Total of (a) and (b). Enter h		ot more than 365)	.			
46 Maximum exclusion		ring the tax year (total from		\$20,000.00		
,,,		acry		%		
48 Percentage applicable (divide th 49 Maximum allowable exclusion tion 19(d))	(multiply the amount on line	46 by the percent on line 4		\$		
50 Enter the exclusion from line smaller	49 or the amount you earned	d during the days you qualifi	ed, whichever is			
51 Deductions allocable to exclude52 Subtract line 51 from line 50. El		-	"Evolution from			
Form 2555." (On Form 1040, s						